



Docket Number (Optional)

GRIMM 235-KFM

(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)

Filed September 17, 2004

For ~~DISTRACTING DEVICE FOR ORTHODONTIC/OROSURGICAL PURPOSES ON THE LOWER JAW~~

Examiner Ralph A. Lewis

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$ _____
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$ _____
<input checked="" type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$ <u>795.00</u>
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$ _____

80014, 829: 09/13/2007 ENVELOPE (CAG021001)
 800-500087
 800-0204

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-0427. I have enclosed a duplicate copy of this sheet.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Adjustment dates: 09/13/2007
06/15/2007
09/05/2007
EFFECTIVE: 00:00:00

☐ assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

☒ attorney or agent of record. Registration Number 24,822

☒ attorney or agent under 37 CFR 1.34.

Registration number if acting under 37 CFR 1.34

JUNE 12, 2007

Signature

Date _____

KARL F. MILDE, JR.

914-949-3100

Typed or printed name

06/15/2007 Telephone Number 10502213

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND					
1 Date of Request: 09/12/07		2 Serial/Patent # 10/502,213			
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT	
	Filing			\$	
	Amendment			\$	
X	Extension of Time 2254		06/14/07	\$ 795.00	
	Notice of Appeal/Appeal			\$	
	Petition			\$	
	Issue			\$	
	Cert of Correction/Terminal Disc.			\$	
	Maintenance			\$	
	Assignment			\$	
	Other			\$	
			7 TOTAL AMOUNT OF REFUND		\$ 795.00
			8 TO BE REFUNDED BY:		
			Treasury Check		
			X	Credit Deposit A/C #:	
			9	<div style="border: 1px solid black; display: inline-block; padding: 2px;"> 5 0 -- 0 4 2 7 </div>	
10 REASON:					
	Overpayment				
	Duplicate Payment				
X	No Fee Due (Explanation):				
extension of time filed after expiration of extendable period for reply					
11 REFUND REQUESTED BY:					
TYPED/PRINTED NAME: Douglas I. Wood		TITLE: Senior Petitions Attorney			
SIGNATURE: /douglas wood/		PHONE: 571-272-3231			
OFFICE: Office of Petitions					
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****					
APPROVED:		DATE: 9/13/07			

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**